

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees
 LEGISLATIVE RESOURCE CENTER

FORM B

Name: <u>Shaddeus Kiebler</u>		Daytime Telephone: <u>18 MAY 24 PM 1:24</u>
FILER STATUS	New Member of or Candidate for U.S. House of Representatives <input checked="" type="checkbox"/> Candidates – Date of Election: <u>May 15 th , 2018</u>	State: <u>PA</u> District: <u>5th</u> <input type="checkbox"/> Check if Amendment
	New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant to _____
		Period Covered: January 1, _____
<p align="center">U.S. HOUSE OF REPRESENTATIVES (Office Use Only)</p> <p>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</p>		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
G. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

:EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: J. Hackens K. Jr. Klein | Page 2 of 5

BLOCK A		BLOCK B												BLOCK C												BLOCK D																					
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income																					
Identify: (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$20 in unearned income during the year.		Indicate value of asset at close of the reporting period. If you used a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.												Check for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.																					
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."												Column M is for assets held by your spouse or dependent child in which you have no interest.																					
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and other real property held for investment, provide a complete address or description, e.g., "Tent property," and a city and state.												For non ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Column N is for assets held by your spouse or dependent child in which you have no interest.																					
Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest, in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		If you have a privately-traded fund that is an Exempted Investment Fund, please check the "EIF" box.												Check "None" if the asset generated no income during the reporting period.												Column O is for assets held by your spouse or dependent child in which you have no interest.																					
If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.		For a detailed discussion of Schedule A requirements, see the instruction booklet.												For a detailed discussion of Schedule A requirements, see the instruction booklet.												Column P is for assets held by your spouse or dependent child in which you have no interest.																					
C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.
Examples:		None												None												None																					
Pension		\$1-\$1,000												\$1-\$200												\$1-\$200																					
Rental		\$1,001-\$15,000												\$201-\$1,000												\$201-\$1,000																					
Mutual Fund		\$15,001-\$50,000												\$1,001-\$2,500												\$1,001-\$2,500																					
IRA		\$50,001-\$100,000												\$2,501-\$5,000												\$2,501-\$5,000																					
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Thaddeus K. Kile

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income																																																																																																																																																																																			
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Ishad DeShawn Kinkade | Page 4 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

SCHEDULE D – LIABILITIES

Name:

Page _____ of _____

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or era a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

exceeded \$10,000.
*Column K is for liabilities held solely by your spouse or dependent child.

SP DC/JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
			\$10,001- \$15,000								
			\$15,001- \$50,000								
			\$50,001- \$100,000								
			X	\$100,001- \$250,000							
				\$250,001- \$500,000							
				\$500,001- \$1,000,000							
				\$1,000,001- \$5,000,000							
				\$5,000,001- \$25,000,000							
				\$25,000,001- \$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period end the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Use additional sheets if more space is required.